

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Abandoned Gas Well

2. NAME OF OPERATOR
Robert C. Anderson

3. ADDRESS OF OPERATOR
The Summit Bldg.-Suite 411
5929 N. May Ave. Oklahoma City, Oklahoma 73112

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1850' FSL - 1850' FEL
Sec.14 - T31N-R16W

5. ELEVATIONS (Show whether DE, RL, GR, etc.)
5681.5 KB 5676 GR

5. LEASE DESIGNATION AND SERIAL NO.
M-00-C-1420-1709

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
UTE Mtn. Ute

7. UNIT AGREEMENT NAME
None

8. FARM OR LEASE NAME
Ute Mtn. Ute

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Straight Canyon Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.14-T31N-R16W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHUT IN OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <u>Reseeding</u>	

(NOTE: Report results of multiple completion on Well Completion or Recore Completion Report and Log form.)

17. HAVE PROPOSED OR COMPLETED OPERATIONS, INCLUDING STATE-REQUIRED PERTINENT DETAILS, AND GIVE PERTINENT DATES, INCLUDING ESTIMATED DATE OF STARTING ANY PROPOSED WORK. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

On December 6, 1984 the above captioned well site along with related pipeline right-of-ways and new access roads were re-seeded according to B.I.A. and B.L.M. requirements.

ACCEPTED FOR RECORD
DEC 17 1984

RECEIVED
DEC 18 1984
OIL CON. DIV.
DIST 3

DISTRICT
BY Ashton B. Geren, Jr.

1. I hereby certify that the foregoing is true and correct
SIGNED Ashton B. Geren, Jr. TITLE Agent & Consultant for: Robert C. Anderson, et al DATE December 7, 1984
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OPERATOR'S COPY

*See Instructions on Reverse Side